



**Forest Heights Police Department**  
**Form FHPD 5**  
**Request to Engage in Secondary Employment**

<b>Employee Name</b>		<b>Rank</b>	
Full name of Secondary Employer (If self employed indicate "Self")			
Secondary Employer Address			
Secondary Employer Telephone No.			
Contact Person			
Type of Business or Employment (e.g.; Restaurant, Shopping Mall, etc.			
What will be your specific duties? (e.g., Security, Salesperson, Driver, etc.			
Address / Location & Telephone Number where you can be reached while working.			
What will be your regular work hours? (Specify days of week and daily work hours)			
If you will be working irregularly, describe the arrangement and specify the anticipated Total Hours per Calendar Week			
Estimate how long it will take you to report to FHPD duty from secondary employment work in the event you are called out (in uniform)			
Do you have to join a labor union to work this secondary employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, what is the name of the labor union?			
<p>I have read and understand the Forest Heights Police Department policy dealing with the restrictions and prohibition relating to secondary employment. I will comply with the restrictions and prohibitions dealing with secondary employment and will not work in <b>excess</b> of the number of hours permitted by Department Policy. I understand any violation of these restrictions and prohibitions may lead to revoking permission for me to work secondary employment and may also result in disciplinary action.</p> <p>The information provided on this form is true and accurate to the best of my knowledge.</p>			
Employee Signature		Date	
<b>Chief's Review</b>			
Secondary Employer Contacted: Date:                      Time:                      Contact Person:			
Replies (More space on page 2)			
Is the secondary employer currently involved in or have the immediate potential to become involved in a labor dispute?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If business in not in FHPD jurisdiction was information sought on the history of the business involved with law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No      If No, Why?			
Secondary Employer Contacted by:			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied for the following reason(s):			
Chief's Signature		Date	
Employee's Signature Acknowledging Approval / Disapproval:		Date	

**ACTION by CHIEF**  
When Employee Requests an Appeal

☐ Approved

☐ Denied for the following reason(s):

Chief's Signature

Date

**Revocation of Approval**

The Chief may withdraw approval for, among other things, a poor performance evaluation, if the secondary employment differs from that described above, if fatigue or other circumstances associated with the secondary employment adversely effect the ability of the employee to properly perform the duties of his position and / or other assigned duties.

I have revoked the approval to work secondary employment for the following reason(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Chief's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Informed of Revocation of Approval:

Employee signature acknowledging approval has been revoked: \_\_\_\_\_ Date: \_\_\_\_\_

**Withdraw of Secondary Employment Request**

I am hereby withdrawing my request and terminating the requested secondary employment.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

**Use for additional comments:** \_\_\_\_\_

\_\_\_\_\_

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